

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Scott G. Manke

Title:

CONTAINER HOLDER

PLATFORM

Appl. No.:

Unknown

Filing Date:

01/29/04

Examiner:

Unknown

Art Unit:

Unknown

CERTIFICATE OF EXPRESS MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.

EL 979072964 US 01/29/04

(Express Mail Label Number) (Date of Deposit)

Lori A. Wilson
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(Signature)

UTILITY PATENT APPLICATION TRANSMITTAL

Mail Stop PATENT APPLICATION Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

· Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Scott G. Manke 1318 Grayhawk Way Sun Prairie, Wisconsin 53590

Enclosed are:

- [X] Specification, Claim(s), and Abstract (12 pages).
- [X] Formal drawings (4 sheets, Figures 1, 2, 3, 4, 5).
- [X] Declaration and Power of Attorney (4 pages).
- [X] Assignment of the invention from inventor to his employer InForm Product Development, Inc. (2 pgs.);

- [X] Assignment Recordation Cover Sheet of the invention from inventor to his employer InForm Product Development, Inc. (2 pgs.);
- [X] Assignment of the invention from InForm Product Development, Inc. to Masterchem Industries, Inc. (2 pgs);
- [X] Assignment Recordation Cover Sheet of the invention from InForm Product Development, Inc. to Masterchem Industries, Inc. (2 pgs);
- [X] Check in the amount of \$40.00 for Assignment recordation.
- [X] Check in the amount of \$40.00 for Assignment recordation.
- [X] Information Disclosure Statement.
- [X] Form PTO-1449 with copies of 22 listed reference(s).
- [X] Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims as Filed		Included in		Extra Claims		Rate		Fee Totals
			Basic Fee						
Basic Fee							\$770.00	=	\$770.00
Total	19	-	20	=	0	X	\$18.00	=	\$0.00
Claims:									
Independents	3	-	3	=	0	X	\$86.00	=	\$0.00
:									
If any Multiple	e Depender	it Cla	aim(s) prese	ent:		+	\$290.00	=	\$0.00
							SUBTOTAL:	• =	\$770.00
[]		Sm	all Entity I	ees	Apply (subtr	act ½ of above):	=	\$0.00
					Τ	OTA	L FILING FEE:	=	\$770.00

- [X] A check in the amount of \$770.00 to cover the filing fee is enclosed.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be

enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

01-30-04

FOLEY & LARDNER

777 East Wisconsin Avenue, Suite 3800 Milwaukee, Wisconsin 53202-5306

Telephone:

(414) 297-5776

Facsimile:

(414) 297-4900

James A. Wilke
Attorney for Applicant

Registration No. 34,279